RECENTED DEC 1 0 2021

STATE OF SOUTH DAKOTA

State of South Dakota Statement of Legal Newspaper Ownership and Circulation

I. TITLE OF NEWSPAPER THE FAITH INDEPENDENT			^{2. DATE} 09/15/2021
3. FREQUENCY OF ISSUE WEEKLY	3A. NO. OF ISSUES PUBLIS		3B. ANNUAL SUBSCRIPTION PRICE \$ 44 in area/\$49 out
 COMPLETE MAILING AD (Not printers) PO BOX 38; FAITH, SD 5762 		F PUBLICATION (Street	et, City, County, State and ZIP+4 Cod
5. COMPLETE MAILING AD PUBLISHER (Not printers) RAVELLETTE PUBLICATION	DRESS OF THE HEADQUARTE	SD 57567	JSINESS OFFICES OF THE
6. FULL NAME OF PUBLISH	ER: DONALD J RAVELLET	TE	
7. OWNER (If owned by a corp addresses of stockholders own names and addresses of the in and address, as well as that o FULL DONALD J RAVELLE	poration, its name and address must ming or holding 1 percent or more adividual owners must be given. If f each individual must be given. NAME ETTE (100%)	st be stated and list on the of total amount of stock owned by a partnership COMPLE O BOX 633; PHI	
 KNOWN BONDHOLDER PERCENT OR MORE OF T state. If more space is needed NONE 	RS, MORTGAGES, AND OTHER OTAL AMOUNT OF BONDS, M , list on back of this form.	SECURITY HOLDER FORTGAGES OR OTHI	RS OWNING OR HOLDING I ER SECURITIES (If there are none, so
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COI EACH ISSUED PRECEDIN MONTHS	ACTUAL NO. COPIES
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		665	663
 B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales. 		178	185
Mail Subscription (Paid and or requested)		377	391
3. Paid Electronic Copies		15	13
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		570	589
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		26	23
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		0	0
E.TOTAL DISTRIBUTION (Sum of C, D1 and D2)		596	612
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing		53	33
	2. Return from News Agents		18
G.TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)		16 665	663
Statement must be signed be I swear that the statement we	y Publisher, Business Manag os made by me are true, co	er, or Owner in the	presence of a Notary Public
(Signature) State of South Dakota)	Sworn to before me thi	is 15 day of Sept, 20 2
County of Haakon	, 9	Journ	Nounes

(Seal)